

October 7, 1966

Dr. H. D. Bruner
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Dear Dr. Bruner:

Thank you very much for your letter of October 3.

I know what you mean about the "detached style". It sometimes provokes the same reaction in me when I have reread some of my pieces. I hope to shake this down some more in future writing, but some of it is an inevitable consequence of trying to focus on one issue at a time within a rather rigorously limited number of words per piece.

I am in absolute and vehement agreement with the position you take with regard to the importance of the true long-range issues. The thrombosis question seems to me to have been a red herring for which there is dubious statistical evidence, and the interminable discussion about it may obscure what are the very much more important long term issues surrounding these innovations. I have firmly planned to discuss this further in future columns, and you may have noticed some reference to the fact that I will be going back to the Hellman report from time to time. The main point that I hope to have emphasized in these first two columns is that the notion of risk is inherently a quantitative one and will always be associated with a certain amount of statistical imprecision.

I am still collecting my thoughts on what we can do in such a woolly situation and I am as impressed as you are with the difficulties of conventional retrospective studies. On the other hand, a conventional prospective study may be equally difficult to mount in view of the very large numbers of women that would have to be recruited into it for long term follow-up. So I am starting to consolidate my own thoughts in the direction that there are now many incentives to justify an even more general attack on the problem of long term environmental hazards - including drugs - that require a frontal approach. I can see no other way to this other than a centralized data center which would make it possible to correlate vital statistical and census information on the one hand with specific information on exposure to particular hazards on the other. For the latter part of it we would require something like the central registration of individuals subject to various types of exposure, for example, the recording of the social security number in connection with every prescription involving one of a given list of drugs, or perhaps even more meaningfully, any ethical drug at all.

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I am very happy to have your thoughts on this question. I am certain that the kinds of quandry we are getting into here are going to be multiplied and I do begin to doubt whether a separate inquiry into each one with the tools that we now have is going to be feasible.

Sincerely yours,

Joshua Lederberg
Professor of Genetics

P.S. I can see the source of one minor difficulty. I am sure you are very well aware that a headline writer and not I puts the headlines on. But in addition my reference to the long term effects of the pill was intended to introduce the series of comments that I expected to make from time to time on the subject, and not merely the one item that I was picking up for that single piece. I would not have classified thrombosis as a long term effect. The way in which we understand risks and deal with the inevitable controversies about them is of course a long term issue.